

Charis House Limited

Jasmine Court Nursing Home

Inspection report

13 Park Place
Weston Super Mare
Somerset
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Jasmine Court Nursing Home is a nursing home that provides accommodation with nursing and personal care for up to 24 people. When we visited, 18 people lived there. The property is set out over four floors and is situated close to the sea front in Weston Super Mare.

People's experience of using the service and what we found:

Safeguarding concerns were investigated internally but not always reported to the local authority or the Care Quality Commission (CQC). The CQC had not been notified by the provider of all incidents which had occurred in line with their legal responsibilities. The systems in place to monitor and improve the quality of the service were not fully effective.

People told us they felt safe at the home. Staff felt confident to raise concerns with the registered manager and were aware of external agencies where they could report concerns. Staff supported people to manage their medicines safety.

We received some mixed feedback relating to the staffing levels. We reviewed staffing rotas that demonstrated there were enough staff available to meet people's needs. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice.

Staff received regular one to one supervision and told us they felt supported. Staff received a range of training to meet the needs of the people they supported.

Support plans were detailed and reviewed with the person and their relatives when possible. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. People's concerns and complaints were listened and responded to. People has escalation plans relating to end of life care decisions.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager was positive.

Rating at last inspection: Good (report published January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' and 'Well-Led' sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jasmine Court Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Jasmine Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Jasmine Court Nursing Home is a 'care home with nursing'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was carried out on the 24 July 2019 and was unannounced.

What we did before the inspection

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

During the inspection

We spoke with six people who lived at the service. We also spoke with nine members of staff, this included the registered manager, the provider, nursing staff, care staff, the activities coordinator and the chef. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We received clarification from the provider to validate evidence found. We contacted two health and social care professionals who regularly visit the service and received feedback from one of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. Some aspects of the service were not always safe. There was an increased risk people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures and processes were not consistently operated to ensure people were fully protected when concerns had been raised in the service.
- Four safeguarding allegations had been raised by people's relatives, the registered manager had investigated these and concluded they were unfounded. However, they had failed to report them to the local safeguarding authority in line with legislation and local procedures. This meant we could not be sure the outcome was accurate and the local authority could ensure people were suitably protected.
- There was a lack of provider oversight of safeguarding to ensure the correct action was taken when an allegation was raised.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. Comments from people included, "I definitely feel safe living here" and, "Yes, I feel safe because I get on well with the staff and they listen to me."
- Staff spoke confidently about how they would identify potential abuse and actions they would take if abuse was suspected. One staff member said, "I would intervene there and then and would go to senior management and if I didn't feel I was heard, I would go to the safeguarding team or CQC."
- Staff received safeguarding training as part of their induction and regular updates after this.

Staffing and recruitment

- We received some mixed feedback from people regarding the staffing levels in the home. Most of the comments we received were positive. One person told us, "If I press my button someone always comes, you are never left waiting too long." Another person commented, "They are very good, when I press the bell they come." However, one person said, "Sometimes the carers can be a bit slow, because they seem like they have a lot on."
- We received mixed feedback from staff regarding staffing levels with staff saying they were busy at times, however staff said they managed at these times. One staff member commented, "We work hard, sometimes we are short, but we are a good team and we manage." Another said, "Yes there are enough staff."
- We saw people's needs were met in a timely way. There were enough staff on duty to keep people safe and meet their needs during our inspection.
- People's staffing needs were assessed. We reviewed the staffing rotas and saw shifts were covered and there were the correct staffing numbers available to keep people safe and meet their needs.

- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and references from previous employers.

Preventing and controlling infection

- Dedicated staff were responsible for cleaning the home and they kept records of when cleaning tasks were completed. People raised no concerns regarding the cleanliness of the home.
- Staff had completed infection control training.
- Our other observations of staff were that they were wearing appropriate personal protective equipment (PPE).
- People told us staff wore PPE when supporting them with personal care. One person told us, "Staff wear gloves and aprons when they support me with a shower."

Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to health conditions, falls, skin breakdown and nutrition. Identified risks had detailed guidance for staff about how to reduce the potential risk to people.
- The service environment and equipment were maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in an emergency.
- There was a fire risk assessment in place, we noted this needed to be reviewed and updated to reflect people's current needs. The registered manager confirmed this was an old version of the fire risk assessment and an up to date version was available in another file.

Using medicines safely

- Medicines were managed safely. The Medication Administration Records (MARs) we reviewed showed that medicines were in stock and people received their medicines as prescribed.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had detailed guidance for staff to guide them when to administer these medicines.
- When it was appropriate, staff applied creams and other external preparations. The records we reviewed showed they were applied as directed.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the registered manager who had oversight of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving in to the home. The assessment process ensured a comprehensive care plan including detailed guidance for staff about how to meet people's needs was completed on admission. People confirmed they were involved in the pre-assessment.
- Assessments of people's needs were detailed. Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition were used within care plans.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet people's needs. One person told us, "I think the staff are well trained, they seem very knowledgeable and know how to look after me."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
- Staff we spoke with commented positively about their induction and training provided. One staff member told us, "I had a good induction. I had training as well. I did the online training. I've done dementia level two this year."
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "Yes, I have regular supervisions. If I'm doing something wrong, we talk about it." Another staff member told us, "I've had two supervisions and they went well."

Supporting people to eat and drink enough to maintain a balanced diet

- People commented positively about food provided in the home. We observed staff supporting people where needed with nutrition and hydration, people were offered drinks throughout the day.
- One person we spoke with told us, "I get enough food and fluids here, plenty of drinks as well throughout the day." Another person commented, "There is a menu with two choices on, so there is always a choice. If you don't want those, you can have something else."
- People's weights were monitored. Where a concern was identified, these were escalated to the appropriate healthcare professional. Where appropriate, food and fluid records were completed to monitor people's intake.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a variety of healthcare services and professionals according to their

needs. One person commented, "If I was unwell, staff would definitely contact the GP and know what to do to help me."

- People were registered with a GP. A GP completed a routine visit to the home every two weeks to review people, they also visited in between times if required.
- Care records evidenced advice had been sought from professionals such as speech and language therapists and physiotherapists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. At the time of our inspection, there were two people at the service with authorised DoLS. Some submitted applications were currently with the local authority.

- People were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place for people who lacked capacity to consent, best interest decisions had been made and documented in care records.
- Where people had capacity and chose to make unwise decisions staff respected this. For example, people did not always choose to follow their advised eating and drinking guidelines. Staff discussed this with the person who demonstrated their understanding of the decision they had made.

Adapting service, design, decoration to meet people's needs

- People were encouraged to bring items into the home that were important and personal to them. We saw people had decorated their rooms with pictures and other personal items. One person told us, "Everything is here that I want, I was able to bring in what I wanted from home."
- The provider had an ongoing refurbishment plan in place. Works completed included internal decoration and creating en-suite facilities in people's bedrooms. Further improvement works to the home were planned.
- There was a stair lift and equipment, such as hoists and bath chairs, available for use when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and treated them with respect. Comments from people included, "Staff here are very good they treat me very well" and, "Everyone is friendly and respects you."
- Staff spoke positively about their work and the people they supported. One staff member told us, "When I'm free I spend time with the residents. I feel very lucky to work here."
- The service kept a log of the compliments they received. We read compliments from people's relatives. One compliment read, "You all made her very welcome, she took a while to settle in but soon made it her home. We also felt that she was being well taken care of. We saw such gently loving care from you all and we thank you all for your generosity and love."
- People's religious belief were recorded in care plans and people were supported to follow their chosen faith.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to make day to day decisions about their care and support. One person told us, "I like the carers, the care is good, and I feel staff listen to me. I get a choice of clothing in the morning, carers always offer me a choice of clothing I might like to wear."
- Staff described how they offered people choices.
- People confirmed staff asked their views when supporting them. One person told us, "I get on well with the staff, I give them some direction when they are supporting me with personal care, so I feel respected and in control."

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and their privacy was respected. One person told us, "I get a lot of privacy, we can do what we want which is nice." Another person commented, "I like my own company, I can watch the TV when I want to, and nobody stops you doing what you want." A third person commented, "You are not rushed when they are doing your personal care. I am always left comfortable."
- People's confidentiality was respected, staff were mindful not to talk about people in front of others.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs and preferences. Care plans were person centred, individualised and relevant to the person. One person told us, "I am happy with my care here." Staff we spoke with knew the people they supported well.
- People and their relatives were involved in the planning of their care. One person told us, "I was involved in my support plan, I was asked how I wanted to be cared for and it was written down."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the AIS.
- People's communication needs were identified and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.
- Where required, communication aids were developed to support people with their communication needs. For example, pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were activities available for people to participate in if they wished. One person told us, "We are told who is coming in to do activities, we are told on a weekly basis. They let you know, and the activities lady will let you choose what you want to do."
- Some people were happy to do their own thing. One person said, "There is always someone to talk to, I went out on to the balcony yesterday to sit which was lovely." Other comments included, "I like reading books and there are a few choices here for us to access" and, "I'm not lonely and I'm quite happy here."
- People's relatives were welcomed and able to visit at any time. One person said, "When my family visit they are always made to feel welcome, we sat out on the balcony and had a chat."

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.

- People felt confident about raising any concerns. They couldn't all remember who the registered manager was but said they would speak to the staff. One person said, "I would feel comfortable and confident to make a complaint."
- The registered manager held a record of any concerns or complaints raised, the action taken and the resolution. Records showed complaints were investigated and responded to appropriately.

End of life care and support

- People's end of life wishes were discussed and recorded if people chose to have this discussion with staff.
- People's care records included Treatment Escalation Plans. These covered areas such as escalation planning at end of life and information about resuscitation decisions.
- We reviewed compliments from relatives about care their family members received at the end of their lives. We read one comment that stated, "To all the amazing staff at Jasmine Court. We wanted to say a truly heartfelt thank you to you all, for your care and affection you gave to Mum for the two months she was with you. You all showed compassion and dedication and that above all you really cared for mum. It showed us as a family that we chose the right place for mum to end her days and I know that she was free from pain and fear because of your care for her."
- There was no one receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

The service management and leadership was inconsistent. Leaders and the current culture in the service did not always support the delivery of high quality care. Notifications had not been sent to the Care Quality Commission (CQC) as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not consistently submit statutory notifications to the Care Quality Commission. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found four statutory notifications had not been submitted. Statutory notifications are important as they help us to monitor services.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

- There were systems in place to monitor the standard of care provided at the service. The registered manager had a range of audits in place which identified shortfalls and areas of improvement. The systems however, had failed to identify safeguarding concerns had not been reported to the local authority in line with legislation, local procedures or CQC.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated through discussions they were committed to providing person centred care to the people being supported by the service.
- People spoke positively about the registered manager. One person told us, "I know who the manager is, [Registered manager's name] is very nice." Other comments included, "I think the home is managed extremely well and well organised" and, "I like it here and I feel it is well managed."
- Staff were positive about the registered manager, their roles and the culture of the staff team. One staff member told us, "We have brilliant staff and are a good team. They [staff team] are supportive, [registered manager] is fine, they help out and work on shift if needed. If I needed to I feel I could go to them." Another staff member told us, "We always try our best to stay positive throughout the day and we cheer the residents up."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour. They gave examples of how they had completed this in relation to complaints that had been raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People confirmed resident's meetings were held to discuss items relating to the home, although they said they didn't always choose to attend. One person told us, "I go to resident meetings if I feel like it."
- A survey of people's feedback had been completed in January 2019, with positive results. Where suggestions were raised as part of the survey, the provider had acted to address these. For example, reviewing the activities available.
- Staff confirmed meetings were held to discuss and communicate any updates and relevant information. One staff member told us, "I have attended staff meetings, things are discussed, and people get to say what they want to say. I feel I can speak up."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The provider had built links with the local community. These included a local school whose children visited to sing songs during the festive period.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had failed to notify the Commission of all legally required matters. Regulation 18(2)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to operate effective systems and processes to prevent abuse of service users. Regulation 13(1)(2)